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7590 12/01/2004

Ben J Yorks
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Catherine M. Sanders

(Depositor's name)

Catherine M. Sanders

(Signature)

January 24, 2005

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/542,670	04/04/2000	Alex Urich	155696-0024	5579

TITLE OF INVENTION: LOW FREQUENCY CATARACT FRAGMENTING DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$685	\$0	\$685	03/01/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			

NGUYEN, VI X

3731

606-169000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Circuit Tree Medical, Inc.

Mission Viejo, California

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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Authorized Signature Ben J. Yorks

Date January 24, 2005

Typed or printed name Ben J. Yorks

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